11589

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRINCE FREDERICK
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY ~~ANNE ARUNDEL~~ Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNKIRK
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Ruby (Middle) (Last) Ireland
4. DATE OF DEATH (Month) DEC. (Day) 12 (Year) 1949
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 18, 1932
9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) ANNE ARUNDEL
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME JAMES PLUMBER IRELAND
14. MOTHER'S MAIDEN NAME ELIZABETH ROGERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound of

919.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chest, Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days

184 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Dunkirk (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 12 (Day) 10 (Year) 49 (Hour) 10 A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Brother playing with gun

22. I hereby certify that I attended the deceased from 12/10, 1949, to 12/12, 1949, that I last saw the deceased alive on 12/12, 1949, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE H. M. Ward (Degree or title) OMZ ADDRESS Drury Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-15-49
NAME OF CEMETERY OR CREMATORY Davidsonville Cemetery
LOCATION (City, town, or county) Davidsonville, (State) Md.
DATE REC'D BY LOCAL REG. 12-12-49
REGISTRAR'S SIGNATURE H. M. Ward
24. FUNERAL DIRECTOR B. L. Hopping & Son ADDRESS Annapolis, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11590

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Mary	Priscilla	Jefferson		12	19	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	C	Widow	8-11-1874	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Maryland	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin F Sewell	Mary Earle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		James C. Jefferson. Sunderland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	12/14/49
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

331
830

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 12/14, 1949, to 12/18, 1949, that I last saw the deceased alive on 12/18, 1949, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H W Ward		Owings	12/22/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-22-49	St Edmonds	Calvert	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-22-49	H W Ward	P E Sewell	

RECEIVED
JAN 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11591

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 50

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons
STREET ADDRESS ✓ (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Rodolphus (Last) Langley
4. DATE OF DEATH (Month) (Day) (Year) December 6 - 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 2/15/1874
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) oysterman
10b. KIND OF BUSINESS OR INDUSTRY oyster
11. BIRTHPLACE (State or foreign country) St. Mary's County - Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James Langley
14. MOTHER'S MAIDEN NAME Susan Alvey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. J. R. Langley

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
422.2	Immediate cause	(a) Myocarditis - Chronic	1 yr
124 b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cirrhosis of Liver	2 yrs.
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? ✓

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. S. Coster (Degree or title) - M. D. ADDRESS Solomons. Md DATE SIGNED 12/6/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 9-49
NAME OF CEMETERY OR CREMATORY St. Mary's - Star of Sea
LOCATION (City, town, or county) Solomons. Md (State)
DATE REC'D BY LOCAL REG. 12/6/49
REGISTRAR'S SIGNATURE Dr E. S. Coster
24. FUNERAL DIRECTOR A. A. Harkness. ADDRESS Mutual - Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 10 1949
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11592

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick md
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co, Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) F (Last) Smith

4. DATE OF DEATH (Month) 12 (Day) 8 (Year) 1949

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept 18, 1879
9. AGE last birthday 70 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ~~U.S.A.~~ Calvert Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Issace Rawling
14. MOTHER'S MAIDEN NAME Rachel Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mary Smith Sunderland, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestinal obstruction	10 day
983 Antecedent cause(s)	(b) Paralysis from waist to feet	10 days
168 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Was hit over head

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify) Probably
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Sunderland (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 11 (Day) 26 (Year) 1949 (Hour) 3 A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Hit on head with something

22. I hereby certify that I attended the deceased from 11/26, 1949, to 12/8, 1949, that I last saw the deceased alive on 12/7, 1949, and that death occurred at 6:15 A.m., from the causes and on the date stated above.

SIGNATURE H. Ward (Degree or title) D.S. M.E. ADDRESS Dunig Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12-11-49
NAME OF CEMETERY OR CREMATORY Mt Hope
LOCATION (City, town, or county) Sunderland (State) md

DATE REC'D BY LOCAL REG. 12-9-49
REGISTRAR'S SIGNATURE H. M. Ward
24. FUNERAL DIRECTOR P.E. Sewell ADDRESS Prince Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11593

Reg. Dist. No. 5

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Costers | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Costers
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) True

4. DATE OF DEATH: (Month) December (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 5-1872

9. AGE last birthday: 77 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): oysterman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Solomons, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: John True

14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 219-12-2897

17. INFORMANT: Mrs. John T. True

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Occlusion	6 hrs.
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	8 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: E. S. Coster (Degree or title) M.D. ADDRESS: Solomons, Md DATE SIGNED: 12/29/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 31-49 | NAME OF CEMETERY OR CREMATORY: Huddleston Chapel | LOCATION (City, town, or county) (State): Fusilys, Maryland

DATE REC'D BY LOCAL REG. 12/29/49 | REGISTRAR'S SIGNATURE: Dr. E. S. Coster | 24. FUNERAL DIRECTOR: A. A. Harkness | ADDRESS: Son-Mutual Maryland

MARGIN RESERVED FOR BINDING

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VS. A15A

RECEIVED
JAN 10 1950
BUREAU V. S.